

Notification/Change in Status for Underground Storage Tanks



Minnesota Pollution Control Agency
 Hazardous Waste Division Tanks and Spills Section
 520 Lafayette Road North St. Paul, MN 55155
 (612) 297-8664 or 1-800-657-3864

RECEIVED

JUN 14 1994

Site #: 1203A
 Leak #:
 Owner #: 11094
 Date received:

A. Facility Information

1. Tank Site Location	2. Owner Location
Name: Petrol Pumper	Name: B & F Distributing Inc
Street: I94 & Cty 8 exit 183	Street: Box 6536
City: Hasty County: Wright	City: Rochester County: Olmsted
State: MN Zip: 55380 Phone: (612) 878-1655	State: MN Zip: 55903 Phone: (507) 288-9590
Contact Person: Jay K Clark	Contact Person: Jay K Clark

3. Type of Facility Please check applicable box.

- Service station Government Education Industry/factory
 Church Auto dealer Utility Other (specify): _____

4. Is tank facility located on Tribal Lands? yes no

B. Tank Number

Type or use black ink and complete as well as possible. Please photocopy form if site has more than three tanks.

1. Assign a 3 digit number to each tank (ie. 001, 002...)

TANK 1	TANK 2	TANK 3
0001	0002	

2. Tank installation date:

month/day/yr	month/day/yr	month/day/yr
9/1/81	9/1/81	

C. Tank Action

Please check applicable boxes.

	TANK 1	TANK 2	TANK 3	Date Occurred
Initial notification of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changed site name/address (please give previous name/address in Box H)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/15/94
Changed tank owner (please give previous owner's name and address in Box H)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/15/94
Changed tank contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Installed new tanks & piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new tank(s) at site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installed new piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Repaired/upgraded tank (complete D3, D4, D5 and Box G if pertains and explain actions in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Repaired/upgraded piping (please complete Box F and explain actions in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Removed tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Name of tank disposal company:	_____			
Hazardous waste generator ID #:	_____			
Closed tank in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Abandoned	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	___/___/___
Is tank empty?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no		
Temporarily closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Is tank empty?	<input type="checkbox"/> yes	<input type="checkbox"/> no		

D. Tank Information

Please check applicable boxes.

1. Type of Tank:	TANK 1	TANK 2	TANK 3
STIP3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacketed steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt coated steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Painted steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Tank Information continued

	TANK 1	TANK 2	TANK 3
2. Secondary Containment:			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal bladder	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cathodic Protection:			
Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (ie. fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If certified by corrosion expert, write name and PE or certification # in Box H.			
4. Does tank have spill prevention equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes	no	yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes	no	yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overfill Prevention Equipment			
Ball float valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic shut-off	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the tank compartmental?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes	no	yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes	no	yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If answered "yes" to #6, please proceed to Box E			
7. Capacity (in gallons):	20,000	20,000	
8. Substance currently or last stored:			
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol blend (over 5%) gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used (waste) oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substance (specify chemical and tank # in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is product stored in tank used only for heating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes	no	yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	yes	no	yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

turn page over!

E. FOR COMPARTMENTAL TANKS ONLY

	TANK 1	TANK 2	TANK 3
1. Compartment Capacity			
compartment 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Compartment Product:	N/A		
compartment 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
compartment 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Is product stored in tank used only for heating?			
compartment 1	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
compartment 2	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
compartment 3	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

F. Piping Please check all applicable boxes

	TANK 1	TANK 2	TANK 3
1. Construction Material:			
Epoxy coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare steel/Black iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Secondary Containment			
Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cathodic Protection:			
Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not needed (ie. fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If certified by corrosion expert, write name and PE or certification # in Box H</i>			
4. Type of Pump:			
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
check valve located at: <input type="checkbox"/> tank <input type="checkbox"/> dispenser			
Submersible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. RELEASE DETECTION Please check all applicable boxes.

	TANK 1	TANK 2	TANK 3
1. Tanks:			
Inventory control (daily sticking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank precision test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracer monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1a. For newly installed tanks only			
Was a tank precision test conducted prior to placing the system into operation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes, date test was conducted:	_/_/		
2. Piping:			
Automatic line leak detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line precision test annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line precision test every three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify in Box H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a. For newly installed piping only			
Was a line precision test conducted prior to placing the system into operation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes, date test was conducted:	_/_/		

H. Comments (attach additional sheets if necessary)

old Owner: Radson Inc - Erv Radunz
 Tanks are cleaned and taken out of petroleum service. They are now connected to grey water discharge sewer line from building. They now contain an unregulated substance and are will be used from today forward as grey water storage

Questions?
 Call
 (612) 297-8664
 or
 1-800-657-3864
 during normal business hours

I. Owner's Signature

I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge. For tank work performed after July 9, 1990, I certify that the tank contractor was in compliance with the certification requirements of Minn. Rules ch. 7105. All work completed after Dec. 1988 was performed in accordance with manufacturers' instructions, industry standards, and applicable state and federal regulations.

Print name of owner or authorized representative: Jay K Clark
 Signature of owner or authorized representative: Jay K Clark
 Title: V.P.
 Date: 6/9/94

Unsigned forms will be returned

Please retain a copy for your own records

J. Tank Contractor's Signature

I certify under penalty of law that all work was performed as specified by the manufacturers' instructions, and according to industry standards, applicable state and federal regulations and is complete to the best of my knowledge. I certify that I am in compliance with Minn. Rules ch. 7105, for work completed after July 9, 1990.

Print name of tank contractor: N/A MPCA Contractor #
 Print name of contractor's authorized representative: N/A Title
 Signature of tank contractor's representative: N/A Date
 Print name of supervisor on site during tank work: _____ MPCA Supervisor #
 Signature of supervisor: _____ Date